

Nevada Commission on Ethics  
**FINANCIAL DISCLOSURE STATEMENT**  
 (attach additional sheets if necessary)

name PETER CHRISTOFF telephone [REDACTED]  
 address [REDACTED] city, state, zip LAS VEGAS NV 89102  
 length of residence in Nevada 14 yr district where registered to vote 14 1A [NRS 281.571, Subsection 1(a)]

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

public office	annual compensation	term or date appointed	annual (301) NRS 281.571	candidate NRS 281.571	NEW appointment NRS 281.571	leaving office NRS 281.571
<u>CITY COUNCIL</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all general sources of income for you and members of your household over 18 [NRS 281.571, Subsection 1(b)]:

source of income	self	household member
<u>SOCIAL SECURITY</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each creditor to whom you or a member of your household owes \$5,000 or more (except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller) [NRS 281.571, Subsection 1(d)]:

creditor	self	household member
<u>NONE</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust, joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

business entity	self	household member
<u>NONE</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

List specific location and particular use of all real estate (other than personal residence) (1) in which you or a member of your household has a legal or beneficial interest, (2) the fair market value of which is \$2,500 or more, and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

specific location	particular use
<u>NONE</u>	

List the identity of donor and value of each gift of all gifts received in excess of an aggregate value of \$200 from a donor during the preceding taxable year (except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, judicial or political action) [NRS 281.571, Subsection 1(e)]:

donor	value of gift
<u>NONE</u>	<u>200</u>

I AFFIRM THAT ALL INFORMATION HEREIN IS ACCURATE AND COMPLETE

Date: 02/13/03

Signature

*Peter J. Christoff*  
 RECEIVED  
 CITY CLERK  
 FEB 13 2003